

Youth Stigma and Tobacco Use

by Nancy Speelman, CSW, LCADC, CMS

Addressing youth and their addiction to tobacco is an ongoing challenge. Unfortunately, most of the literature on treatment of nicotine addiction focuses on the adult smoking population. Yet, we know that ninety percent of cigarette smokers start smoking before reaching age 18 and most continue to smoke for decades.

The Facts: There are 4.5 million US youth who are current (defined as any use in the past 30 days) cigarette smokers. Nationally, 4,000 adolescents experiment with tobacco every day, and 2,000 other adolescents under the age of 18 become new, regular daily smokers. Moreover, one-third of youth who become regular daily smokers this year will die from a tobacco-caused illness such as heart disease, stroke or cancer. The US Surgeon General labeled cigarette smoking as a “pediatric disease” in 2000.

The good news is that smoking rates amongst youth are on the decline. However, throughout the country, there is an emerging trend of cigars, smokeless tobacco (chew), bidis and kretek use by teens. These alternatives to cigarettes provide the nicotine fix at a lower price and are available at non-traditional outlets, making it easier for youth to purchase.

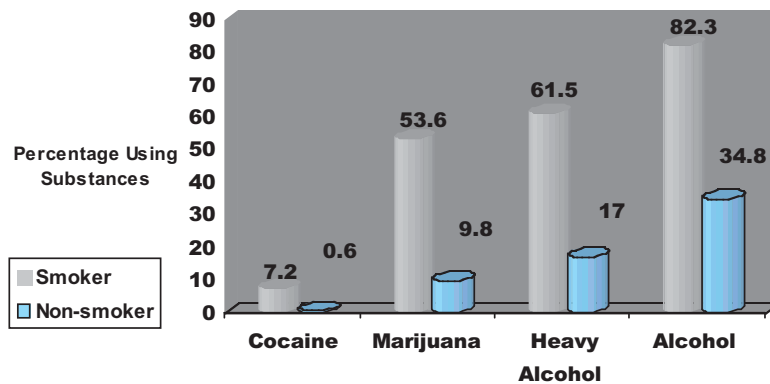
Studies are finding that young people become addicted to nicotine at much lower levels of consumption than previously understood. In addition, young people who use tobacco are much more likely to report using other addictive substances including cocaine, marijuana, alcohol, and inhalants.

We know that adolescents rarely quit tobacco spontaneously and that common reasons for youth tobacco use include peer pressure, wanting to make friends, to look cool or more grown up, to help relax and avoid weight gain.

In working with adolescents, health concerns are not commonly the key element in motivating them to quit. Most teens tend to feel that they will live forever and unless they have directly witnessed someone suffering some form of a tobacco related illness or death, this is not their main concern for quitting. While developing and implementing New Jersey’s Youth Quit2Win Program, we have found that key motivators include educating youth about the amount of money they will save if they quit, how the tobacco industry deceives them and the toxic chemicals in cigarettes.

For instance, helping teens calculate that an average 1 pack a day smoker spends over \$20,000 on cigarettes in ten years – enough money to purchase a small new

Current youth cigarette smokers and non-smokers in the United States (1998) and prevalence of other substance use.



car – carries weight. Or informing them that common chemicals used in making cigarettes or in tobacco smoke include arsenic, embalming fluid, and acetone, etc. can have an impact! It can also be effective to review the health consequences of smoking from different angles, including infertility, sudden

infant death syndrome, lower birth weights and spontaneous abortion, impotence or early aging (wrinkles, damaged skin).

Focus groups with teens have shown that many teens want to quit smoking but are afraid to quit because they think they will fail. New Jersey’s Quit2Win in-school support program markets “You Don’t Have To Do It Alone!” We have found that staff who are sensitive in working with adolescents and know the “Do’s and Don’ts” of adolescent treatment make the best counselors. After 22 years of working directly with adolescents, my thoughts on developing a good therapeutic relationship would be “Don’t try to act like them or be their friend...be honest...sensitive...and let them tell you when they want your advice! Remember adolescence is a time to separate and become your own person. Let them know that it is THEIR CHOICE if they try to quit or not.”

For more information about supporting youth tobacco cessation or upcoming trainings on: Youth QUIT2WIN – Win Independence from Nicotine, University of Medicine and Dentistry of NJ, School of Public Health, Tobacco Dependence Program, call Nancy Speelman at 732-235-8218 or check our website www.tobaccoprogram.org



Bidis (top left) are imported cigarettes from India and are available in multiple flavors.

Kreteks (right), or clove cigarettes, are imported from Indonesia.

Smokeless tobacco/snuff (bottom left)



Photos: www.trinketsandtrash.org